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Bib Data Sheet

CONFIRMATION NO. 4777

SERIAL NUMBER 10/083,476	FILING OR 371(c) DATE 02/27/2002 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. ISA-102.01
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*    \*\* SMALL ENTITY \*\*  
 03/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ME	SHEETS DRAWING 0	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

63767

TITLE

Modification of bioassays for detection of antigens characteristic of bacteria that are causative of ear and respiratory infections to eliminate false positive results caused by nasopharyngeal colonization of children

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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